

**REQUEST FOR TUITION SCHOLARSHIP FUNDS**  
(Up to One-Half Cost of Tuition)

Name\_\_\_\_\_

Department/Agency/Constitutional Office\_\_\_\_\_

College/University Name\_\_\_\_\_

Class Title(s)/Number(s)\_\_\_\_\_

Semester/Year\_\_\_\_\_

Full Cost of Tuition\_\_\_\_\_

Partial Cost (up to one-half) Being Requested\_\_\_\_\_

Completed Tuition Reimbursement Agreement must be attached.

I understand that this Scholarship is for up to one-half of the total cost of the class(es), and that I am either responsible for the other portion or my Department/Agency/Constitutional Office will fund the remaining portion.

Approvals:

\_\_\_\_\_  
Director/Agency Head/Constitutional Officer

\_\_\_\_\_  
Date

(Signature indicates that full funding is not available in the Department/Agency/Constitutional Office.)

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

(Signature indicates that partial funding is available from Human Resources Budget.)

\_\_\_\_\_  
County Administrator

\_\_\_\_\_  
Date

(Approval of Scholarship)